

**THIRTEENTH JUDICIAL COURT
MENTAL HEALTH COURT CONTRACT**

Name _____

Case No. _____

I agree to enter the Mental Health Court Program, and by doing so I understand I will have certain obligations and responsibilities. I will have to follow the orders given to me by the Judge, Mental Health Court Coordinator, Probation Manager, and other treatment providers involved in the Program.

CLIENT RESPONSIBILITIES

MY RESPONSIBILITIES ARE:

1. I must tell the truth.
2. I must attend all court sessions as ordered.
3. I must maintain my residence in Boone County throughout the length of the Program.
4. I must follow the treatment plan as directed by Program personnel.
5. I must not violate the law, and I understand that if I engage in any criminal act, I will be prosecuted for the charges pending against me.
6. I must get permission from my Probation Officer/Case Manager if I wish to move or change my telephone number or disconnect my telephone.
7. I must get permission from my Probation Officer/Case Manager if I wish to change employment.
8. I must get permission from my Probation Officer/Case manager before I leave Boone County.
9. I must not use illegal drugs or alcohol.
10. I must submit urine samples (UAs) and breathalyzers (BACs) for testing upon request.
11. If restitution is owed, I must pay this amount in full as ordered by the Court.
12. I understand that I must follow the treatment plan and remain drug free. If I fail to do so, the Mental Health Court may impose additional conditions upon me which can include but are not limited to:

- | | |
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| a. Increased P.O./Case Mgr. Contacts | f. Residential Treatment/Hospitalization |
| b. Increased Community Support Contacts | g. 48 Hr. Intensive Program |
| c. Community Service | h. AA/NA/DRA Meetings |
| d. Extra Individual Session in Counseling | i. A Period of Incarceration in Boone County Jail |
| e. Extra Group Session/Group Therapy | j. Termination from the Program |

I UNDERSTAND THAT IF I HAVE NOT ATTENDED TREATMENT, MY MENTAL HEALTH TREATMENT PROVIDER WILL CONTACT MY PROBATION OFFICER IMMEDIATELY.

I FURTHER UNDERSTAND THAT IF I AM TERMINATED FROM THE PROGRAM MY CONDUCT IN THE PROGRAM MAY BE CONSIDERED BY THE JUDGE AT SENTENCING.

CLIENT SIGNATURE

DATE

